_	Under the Paper PA	work Reduction A ATENT APPI	d of 1995.	no persons are re-	quired to respond	) () () ()	S. Patent and other	Trademark Offi lormation unle		ALL A LOAD OWN	F COLUMERCE
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Humber		
CLAIMS AS FILED - PA (Column 1)					ART 1 (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
8	FOR ASIC FEE	riv	HULLDER FRED		MUKOER EXTRA		RATE	FEE		RATE	FEE
	7 CFR 1.16(a))			<del></del>				1	OR		1
(3	7 CFR 1.16(c))		minus 20 c				X 1=	· ·	OR	X1 =	
	DEPENDENT CL 7 CFR 1.16(b))	AIKIS	minus 3 =			1	X 1 =		OR		<del> </del>
M	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(4))								OR	1, .	
1.	" If the difference in column 1 is less than zero, ealer "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
_	<del></del>	(Column 1)			Column 2) (Column 3)		SMALL ENTITY		OR	OTHER	ER THAN L ENTITY
A		CLAHAS REHAHHHG		HIGHEST	PRESENT		RATE	<b>VD04</b> -			ENTITY
N.	Total	AFTER		PAID FOR	EXTRA			TIONAL		RATL	HOWAL
_ <u>2</u>	fndependent	121	Minus	121	·		X 1 c		OR	¥ 1 =	r.e.e
AMENOMENA	OI OF I. IKOD	1 4	Minus	4	-		.K-1=		OR		<del></del>
	FIRST PRESENTATION OF MATIPLE DEPENDENT CAM (3) CER 1.14(9)						+1 -		Off.		/
						_	TOTAL ADOL FEE	1	OR.	101AL A001 FEE	
	Υ	(Column 1)	<del></del> _	(Column 2)	(Column 3)		·			100119	
1ENDMENT 8		CLAIMS RELVATING . AFTER AMENDIKENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		FLATE	-100A JAHOIT		יוגיון	ADDI.
	Color Proces		Minus		=	-		FEE			FEE
	(1) CLY 1'18(0))		Mirars		-	1	x s =	: ,	Ou	X 1 =	
A A	FIRST PRESENTATION OF MULTIFICE DEPENDENT CLAIM (3) CFR 1.16(0))					-	k 1 =		OR OR	X 1=	
	•					_	TOTAL ADDI FEE		OR (	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					(	
AMENDMENT C	Trial	CLAIMS REHAINING ACTER ALCOMMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RV.TE	ADDI. TIOHAL
	for cra i refell		1.tinus	-	=		X 1		OR	K1 =	
	(3) CLE + IE(e))		Minus	•••	=		x 1 =		OR OR	x1 =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(8))						f (e		OR OR	^1	
101AL TOTAL TOTAL TOTAL OF ADDITION OF ADD											

If the Highest Number Previously Paid For Ht THIS SPACE Is less than 20, onler 20.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 70".

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The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 73.

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